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The Department of Vermont Health Access Medical Policy

Subject: Nutritional Therapy (Enteral Nutrition and Parenteral Nutrition)
Last Review: February 4, 2016
Revision 3: January 2, 2015
Revision 2: September 12, 2012
Revision 1: June 28, 2011
Original Effective: June 1, 2004

Description of Service or Procedure

According to the American Society for Parenteral and Enteral Nutrition (ASPEN):

> Enteral Nutrition is the provision of nutrients via the gastrointestinal (GI) tract through a feeding tube, catheter or stoma. Enteral nutrition is the preferred route for the provision of nutrition for patients who cannot meet their nutritional needs through voluntary oral intake.
>
> Parenteral Nutrition is a form of nutrition that bypasses the normal digestion in the stomach and bowel. It is a special liquid food mixture given into the blood through an intravenous (IV) catheter (needle in the vein). The mixture contains proteins, carbohydrates (sugars), fats, vitamins and minerals (such as calcium). This special mixture may be called parenteral nutrition and was once called total parenteral nutrition (TPN), or hyper alimentation.

Disclaimer

Coverage is limited to that outlined in Medicaid Rule that pertains to the member's aid category. Prior Authorization (PA) is only valid if the member is eligible for the applicable item or service on the date of service.

Medicaid Rule

7102.2 Prior Authorization Determination
7103 Medical Necessity
7502.4 Prescribed Drugs- Vitamins and Minerals
7504 Medical Supplies
7505 Durable Medical Equipment

Medicaid Rules can be found at http://humanservices.vermont.gov/on-line-rules

Coverage Position

Nutritional support (enteral, parenteral or nutritional supplements) may be covered for members:

- When the nutritional support is prescribed by a licensed medical provider, enrolled in the Vermont Medicaid program, operating within their scope of practice in accordance with Vermont State Practice Act, who is knowledgeable in the use of nutritional support and who provides medical care to the member AND
- When the clinical guidelines below are met.

Coverage Guidelines

Nutritional support may be covered for members who meet the following criteria:

Enteral

- The beneficiary has a diagnosis for which enteral nutrition products are indicated (i.e.: dysphasia, neuromuscular illness, head and neck cancers, and gastroparesis). **AND**
- There is a functioning gastrointestinal tract. **AND**
- There is pathology or non-function of the structures of the digestive system and the beneficiary cannot maintain weight and strength. **AND**
- The beneficiary has a nasogastric, jejunostomy or gastrostomy tube (selection of appropriate route must take into account the expected duration of treatment, clinical condition of patient and level of consciousness of the patient). **AND**
- The clinical documentation supports need for enteral nutrition (lab measurements demonstrating malnutrition, height, weight, BMI, past treatments and estimated duration of need). **AND**
- The beneficiary has a caregiver who has been trained to provide the feedings OR the beneficiary is able to independently administer the feedings.

Parenteral

- The gastrointestinal tract is nonfunctional or cannot be accessed and the patient cannot be adequately nourished by oral diets or enteral nutrition. **AND**
- The beneficiary has a diagnosis of a disorder or disease process which impairs absorption of sufficient nutrients to preserve weight. **AND**
- There is documentation of failed enteral nutrition. **AND**
- Clinical documentation supports need for parenteral nutrition (lab measurements demonstrating malnutrition, height, weight, BMI and past treatments). **AND**
- The beneficiary has a caregiver who has been trained to provide the feedings OR the beneficiary is able to independently administer the feedings.

Clinical guidelines for repeat service or procedure

Patient must meet criteria listed above.

Type of service or procedure covered

Nutritional Support is covered for/when:

- Low protein modified food products for treatment of an inherited metabolic disease, as required by Act 128 of the 1998 legislative session
- It is consistent with the patient's medical condition and plan of care

Type of service or procedure not covered (this list may not be all inclusive)

Nutritional support is not covered for/when:

- Items or services furnished, paid for or authorized by an entity of the Federal Government
- Nutritional support taken orally i.e. non-medical foods

References

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